Preamble

Since the advent of the AIDS epidemic, people living with HIV who also have mental and/or substance use disorders have been forced to navigate complex, fragmented, and uncoordinated health care systems in order to access the services they need. Over time, health and human service providers have begun to recognize that these problems are interwoven and present a broad range of challenges for the service provider on practical, economic, and treatment levels.

To address some of these concerns, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH) launched the HIV/AIDS Mental Health Services Demonstration Program—the first federal initiative to focus on the mental health needs of people living with or affected by HIV. Funded at more than $4 million per year over four years, the Demonstration was designed to:

- increase access to integrated mental health, primary care, and support services
- develop effective mental health care models that can be replicated elsewhere
- improve quality of life for those living with or affected by HIV
- prevent further transmission by reducing high-risk behaviors
- promote cultural competence in service delivery

...created to generate new knowledge...

This initiative was unique at the time it was conceived because it was intended to accomplish far more than the mere provision of mental health services to people living with or affected by HIV. It also was created to generate new knowledge about the role of mental health services in primary medical treatment for people living with or affected by HIV and to identify characteristics of the clients served, the types of services they used, and other lessons learned in implementing integrated care.

The 11 service delivery projects listed in Appendix A were located in eight states and Puerto Rico. In addition to implementing programs tailored to the unique needs of their target population, the projects tested a variety of mental health service interventions, including:

- mental health services co-located with HIV primary care centers
- integrated outreach, case management, and mental health programs
- psychosocial rehabilitation programs
- HIV mental health services integrated into residential drug treatment

More than 5,000 clients received mental health services from the Demonstration projects. Figure 1 provides a demographic breakdown of clients by gender, race/ethnicity, and age. Figures 2 through 4 provide information on a subset of the clients served in the Demonstration projects for which comprehensive data are available. Although there was demographic and socioeconomic diversity among clients, three characteristics were common across all service sites:

1. Clients served were financially disadvantaged, with poverty and reliance on public sector service systems as the norm. Forty percent of the clients were covered by Medicaid, while another 40 percent had no health insurance coverage at all.

2. The racial and gender composition of the clients resembled the changing face of the AIDS epidemic, with racial/ethnic minorities constituting the majority of the clients and substantial proportions of women, heterosexuals, and injecting drug users included. The projects also served a large number of men who have sex with men and a few transgendered individuals.

3. Clients presented with high rates of serious mental and substance use disorders. Three out of four clients met criteria for major depression, one in four met criteria for alcohol dependence, and half met criteria for drug dependence. Comorbidity of mental and substance use disorders was common, complicating treatment of both disorders.

Figure 1

Demographic Characteristics of Clients Served in the Demonstration Program

Total Served	% Male	% Female	% African American	% Hispanic	% White * and Other	Mean Age
5583	69.5	30.5	47.3	23.2	29.5	34.6

** "Other" includes Asian Pacific Islander, American Indian/Alaskan Natives, Mixed, and Others*

Figure 2

Housing Status of 1,837 Clients Served in the Demonstration Program *

Independent	With family/friends/other	Dependent	Homeless
52.0	31.1	11.9	5.0

** The San Francisco project was excluded from this data set because it is a residential substance abuse treatment program*

Figure 3

Monthly Income/Source of Income of 1,837 Clients Served in the Demonstration Program

Median Monthly Income ($)	% With Employment	% With Public Assistance Only
575	21.0	31.7

Figure 4

Health Insurance Coverage of 1,837 Clients Served in the Demonstration Program

% With Private Insurance/Other	% With Medicaid	% With No Source of Coverage
13.6	42.3	44.1

...this Practical Guide is just the beginning...

From the beginning, Demonstration Program participants expressed a desire to share their cumulative wisdom and experience with individuals and organizations that provide HIV, mental health, and substance abuse services. It is hoped that this knowledge also will be useful to others who are responsible for the organization and financing of HIV and mental health treatment systems and who are positioned to improve the availability and accessibility of HIV, mental health, and substance abuse treatment. With the rapid development of more effective treatments, it is essential that this new knowledge be applied in the clinical setting so that, as people with HIV live longer, service providers are equipped with the know-how and skills they need to assist clients in living happier and healthier lives.

This Practical Guide was developed as a collaborative effort of the 11 projects that participated in the Demonstration Program and is based on experience gained in the clinical setting over a four-year period. It is designed to assist service providers and others in developing comprehensive and coordinated systems of care for people living with or affected by HIV. The Practical Guide provides information on a broad range of topics, such as how to set up and establish services, how to deliver services, how to evaluate services, and several other important clinical and service delivery concerns.

The writers recognize that this Practical Guide is just the beginning. It is not meant to stand alone. The authors also recognize that no single agency or service organization can realistically put all of these ideas or principles into clinical practice. The reader is encouraged to consider the ideas and principles contained in this publication, to compare his/her own personal and clinical experience with those of the authors, to consider the needs of the target population, and to incorporate these ideas and approaches based on the resources available. As these approaches are implemented, this Practical Guide may serve as a valuable reference for clinicians and program planners, as well as a useful training tool for service staff.

Ultimately, the writers hope that this Guide will inspire a new generation of providers and professionals who are committed to ensuring that all individuals living with or affected by HIV have full and immediate access to a broad range of mental health and support services that will improve both their well-being and their quality of life.